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BARTON-UPON-HUMBER
URBAN DISTRICT COUNCIL

ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
1970

MEMBERS OF THE HEALTH COMMITTEE

Chairman - Councillor T. W. Nicholson

Vice-Chairman - Councillor J. Lovitt

Councillors:

G. E. Appleyard
E. Dunk
C. Frow
Mrs. R. Goddard
F. D. Goddard

Councillors:

E. Naylor
C. Osgerby
J. E. Welton
Mrs. W. Witter

Medical Officer of Health

J. S. Robertson, M.B., M.R.C.S., D.P.H., D.I.H.

Deputy Medical Officer of Health

A. V. Sheard, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.
(Appointed 1st October, 1970)

Office:

The Cedars, Bigby Road, Brigg.
(Tel. Brigg 3604/5)

Clerks:

Mrs. M. H. Akester
Mrs. N. A. Titman

Public Health Inspector

J. Kirk, M.A.P.H.I.

Additional Public Health Inspector

F. J. French, M.A.P.H.I.

Office:

Council Offices, Baysgarth House, Barton-on-Humber.
(Tel. Barton-on-Humber 32333)

Clerks:

Mrs. A. Robertson
Mrs. D. Cox

The Cedars,

Bigby Road,

Brigg.

July, 1971.

Mr. Chairman, Ladies and Gentlemen,

During 1970 more houses were built both by private developers and by the council than in any recent year. Good progress was also made with grant aided improvement to older property. Between them these factors indicate an appreciable improvement in housing, combined with a population increase by inward migration. It is probable indeed that the population increase will have exceeded the figure estimated by the Registrar General, and that the high birth rate shown in the tabulated statistics may be due more to underestimation of population than to high fertility. Apart from the high birth rate the vital statistics for the year are in fact excellent. The apparently outrageous figure of 167 for illegitimate infant mortality is attributable to the encouraging drop in illegitimacy from a rate of 8.0 to 4.5. Infact only one illegitimate baby died, but because there were only 6 illegitimate births it represents a high proportion of the relevant population. All the other indices of health show that 1970 was an unusually good year. There is however always room for improvement, and the occurence of 49 cases of measles which could and should have been prevented by vaccination illustrates one of these. Although measles is only rarely fatal potentially serious complications are surprisingly common, occuring on average in one of every fifteen cases. It is very much wiser and safer to undergo an infection with the harmless virus used as a vaccine than with the natural virus, and it is to be hoped that in time acceptance of this proceedure will become as good as is acceptance of the attenuated live poliomyelitis virus which has so effectively controlled that disease.

Another infectious disease which must cause us some concern is enteritis due to pathogenic strains of E. coli. Not being a "notifiable

disease" its control presents some difficulty. One of the two infant deaths which occurred during the year was caused by it, and other cases are known to have occurred in the town. There have been many recent instances in other areas where this infection has caused serious outbreaks in hospitals, causing numbers of babies to die and making it necessary to close down Maternity Units. As we centralise obstetric care in large District General Hospitals the potential danger from such outbreaks will increase.

E. coli is a normal inhabitant of the bowel, and indeed may play a useful part in breaking down or helping to digest some foods. A few strains of the germ which can only be distinguished from the ordinary harmless forms by special tests have been incriminated as causes of infantile gastro-enteritis. They do not as a rule cause any symptoms in adults, who are usually only carriers, but they may be one of the causes of the "travellers diarrhoea" which spoils so many peoples holidays abroad. Because E. coli is not usually a cause of disease in adults laboratories do not test specimens for the pathogenic strains unless specially requested, and because the disease is not "notifiable" we are not routinely advised of such infections. Where a patient is treated in the infectious diseases hospital I am however advised of admissions and discharges irrespective of whether the disease is notifiable. In this way I learned that a baby which had recovered from the symptoms of E. coli enteritis in hospital but while still excreting the causative germ was about to be discharged to a home. I also know that the parents worked as food handlers selling a vulnerable kind of food to people from a wide area and was able to intervene. In this instance the type of food sold was subject to regulations which made it possible to stop the parents working until they were shown to be free of infection and the hospital, on learning of the circumstances were most helpful and kept the child until bacteriologically cleared. Although this incident cost you as a council a modest sum in compensating the parents for loss of earnings while barred from trading this expense was trivial in comparison with the possible consequences had food borne dissemination of this organism led to an outbreak and the infection been

carried into the Maternity home by either a patient or a member of staff. I remind you of this incident for two reasons. The first is that it was only because the particular food involved was covered by section 23 of the Food and Drugs Act 1955 that we had power to take the precautions we did, since most of our powers relate only to notifiable diseases. The second is to draw attention to the fact that general hospitals still do not advise public health authorities of non-notifiable infections, and had this patient been in the general hospital and not the isolation hospital we should not have known about it until far too late.

There would appear therefore to be a sound case for making enteritis due to pathogenic strains of E. coli a notifiable disease, and, also requiring all isolations of the organisms to be notified to the Medical Officer of Health.

A local order under section 52 of the Health Services and Public Health Act 1968 would not solve the problem because it would not apply to carriers, because the hospitals are not within our area, and because differences in local requirements tend to cause confusion. In recent years there have been a number of serious outbreaks involving hospitals in Manchester, Middlesbrough and Wakefield. There will undoubtedly be others in the future unless our measures to facilitate the control of such infections are tightened up. Bacteria do not respect administrative boundaries be these between hospital and local authority or between different local authorities. Although co-operation improves when an emergency has made it necessary poor communication between hospitals and health departments has undoubtedly been a factor impeding control in the early stages of many outbreaks. Some means of ensuring that public health authorities are advised of people found to be excreting pathogenic strains of E. coli so that they can check that they or their household contacts are not employed as food handlers would surely be a sensible precaution, and could go a long way towards reducing the risk of rapid and widespread dissemination of infection. It would significantly reduce the risk of a woman picking up the infection in late pregnancy and taking it with her into a maternity unit where its consequences could be devastating. The

carried into the maternity home by either a patient or a member of staff. I remind you of this incident for two reasons. The first is that it was only because the particular food involved was covered by section 25 of the Food and Drugs Act 1955 that we had power to take the precautions we did, since most of our powers relate only to notifiable diseases. The second is to draw attention to the fact that general hospitals still do not advise public health authorities of non-notifiable infections, and had this patient been in the general hospital and not the isolation hospital we should not have known about it until far too late.

There would appear therefore to be a sound case for making enteritis due to pathogenic strains of E. coli a notifiable disease, and, also regarding all isolations of the organisms to be notified to the Medical Officer of Health.

A local order under section 25 of the Health Services and Public Health Act 1969 could be made to require the notification of enteritis due to pathogenic strains of E. coli to the Medical Officer of Health, and because of the importance of this disease in the control of enteritis in the future, it is suggested that the notification of enteritis should be made compulsory. In recent years there have been a number of outbreaks of enteritis in hospitals in Manchester, Middlesbrough and Wakefield. There will undoubtedly be others in the future unless our measures to facilitate the control of such infections are tightened up. Bacteria do not respect administrative boundaries be these between hospital and local authority or between different local authorities. Although co-operation improves when an emergency has made it necessary for communication between hospitals and health departments has undoubtedly been a factor impeding control in the early stages of many outbreaks. Some means of ensuring that public health authorities are advised of people found to be excreting pathogenic strains of E. coli so that they can check that they or their household contacts are not employed as food handlers would surely be a sensible precaution, and could go a long way towards reducing the risk of rapid and widespread dissemination of infection. It would significantly reduce the risk of a

seriousness of these infections is illustrated by the rapidity with which one of the twins who developed E. Coli enteritis in Barton in 1970 died. The other twin fortunately recovered. E. coli Type 086 was found in both twins, in the reconstituted powdered milk in their feeding bottles, and in the faeces of both parents, but not in the milk powder or in faeces from other relations or contacts. The severity of the disease in this instance was probably augmented by a high infecting dose due to bacterial proliferation in feed which was kept for some time after mixing. The incident illustrates the potential danger of food born transmission. Adults become carriers but seldom develop symptoms. They can easily and inadvertantly pass on the infection, and our only powers to intervene are those provided by Section 41 of the 1961 Public Health Act.

A cause of some concern during the year was the unprecedented rise which was found to have occurred in the nitrate content of our drinking water. This came to light when suspicion was aroused by unexplained cyanosis in a 12 day old bottle fed baby. Fortunately the level of nitrate in our water only rose to 13 mg/L N as (NO_3) and then levelled off. Such levels are generally accepted as safe for distribution and use in infant feeding. It is however the normal practice of mothers to make up their baby foods with water which has been boiled in the kettle, and as kettles are seldom emptied and frequently contain residues of water which has been boiled repeatedly an unpredictable degree of concentration of salts occurs as a result of evaporation. Following advice against the use of kettles no further cases of unexplained cyanosis occurred in the town. There were however three reported instances of unexplained cyanosis in nearby areas supplied from the same source. In each case water from a kettle had been used to prepare the baby's food.

Nitrates, even in far higher concentration than that present in our water are not believed to be harmful to health. Indeed man has for years used nitrates in the curing and preservation of ham and bacon. It is only since the introduction of dried milk products for the feeding of infants that illness attributed to nitrate rich waters has been noted. Research has shown that certain harmless bacteria whose spores are present

in milk powders reduce the nitrate to nitrite. It is the nitrites so formed which cause the conversion of some haemoglobin in the blood into methaemoglobin which lacks the capacity to take up oxygen and imparts the characteristic blue colour to an affected baby. This blue colour becomes noticeable when one part in twenty of the haemoglobin in the blood has been so converted, but it is only when more than a third of the haemoglobin is affected that the health of the baby becomes threatened. The condition is therefore easily recognised long before any hazard to life occurs, and as it responds rapidly to appropriate treatment risk to the baby can be completely averted provided medical advice is sought as soon as a child is seen to be blue. The condition does not affect breast fed babies, or babies who are fed on evaporated milk, but is confined to those whose feeds are made from the powdered milk preparations.

As soon as the rise in nitrate levels came to light doctors and nurses were alerted. We had not at that stage any means of predicting how much higher the nitrate concentration would rise, and so as a safety precaution contingency plans for the bottling of low nitrate water for special distribution to homes where there were young bottle-fed babies were made by the Engineer to the Water Board. In the event, however, the rise levelled out long before the danger point was reached, and these plans have never had to be implemented.

Investigations commissioned by the Water Board have since shown that the rise in nitrate levels is a consequence of intensive agriculture in the catchment area for our boreholes. As economic circumstances make such intensive agriculture necessary it seems likely that until these change nitrate levels in water, both in our area and elsewhere in the country, will remain higher than in the past. There is, however, some evidence that the benefits of high inorganic fertiliser application are of only limited duration. Their continued use may, it appears, lead to loss of humus and to problems of compaction and erosion of the soil. Consequently there is some hope that farm economy may require reversion to organic fertilisers which release their nitrogen gradually and carry less risk of the leaching from topsoil into underground strata of large amounts of nitrogen. Our

earlier fears that the quality of underground water might continue to deteriorate may prove to have been ill founded. Nevertheless the position does require constant vigilance, and very frequent analyses of the water are now being conducted, and will continue so long as the situation warrants it.

In all other respects the quality of the town water supply was above reproach. Before distribution the water is chlorinated to kill any bacteria which may gain access to the aquifer. Its hardness is adjusted to about 225 mg/L CaCO_3 which seems to be an acceptable compromise between the requirements of a hard water to reduce mortality from cardiovascular disease and soft water for washing. The Fluoride concentration is raised to a level of about 1.0 mg/L F in order to protect growing childrens teeth from decay. It is thus as near to an ideal water as current scientific knowledge and technology can make it.

Being situated in a slight hollow in the edge of the wolds Barton is subject to smoke pollution at times when meteorological conditions are unfavourable.

You will all have seen this when approaching the town from the top of Ferriby hill. The principal cause is the burning of soft bituminous coal in open fires in houses, and consideration should be given when availability of solid smokeless fuels becomes more favourable to the implementation of the councils powers under the Clean Air Act. Surprisingly few complaints are made about smoke pollution however, and far more public concern is expressed on the rare occasion when freak weather conditions cause loops of the plume from the high chimney of the nitric acid plant at the chemical factory to descend on parts of the town. The emissions from this plant in fact compare most favourably with those from other nitric acid plants and on most occasions there is only a wisp of yellowish vapour to be seen near the chimney top. There are however rare occasions when the plume is denser as a result of malfunction, and although the gasses are released at a height of 220 feet which should ensure adequate dispersion we do occasionally get air turbulence which brings loops of the plume down to ground level causing transient nuisance

in limited areas in the town. Measurements using Drager tubes on such occasions have not so far revealed concentrations high enough to endanger human health, but occasional reports of damage to foliage of trees and shrubs do indicate the need for vigilance. Compared with the amount of nuisance caused by NO₂ emissions from factories in other areas that experienced in Barton has hitherto been trivial and we have every reason to be grateful to the firm in question for the good design and management of a plant which might otherwise cause serious problems. Let us hope that they will be able to improve even on their present standards of excellence and find some means of preventing the rare occasional incidents which do give cause for complaint.

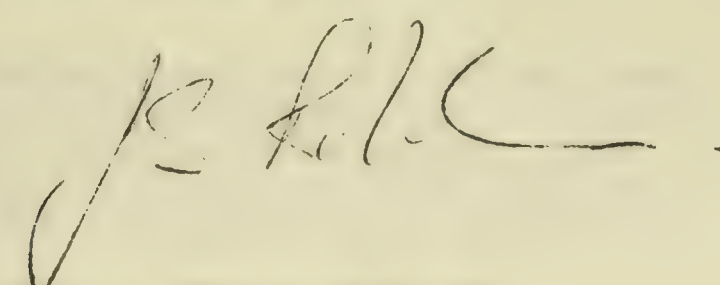
Mr. Kirk and Mr. French continued to devote considerable attention to the supervision of food premises and enforcement of the food hygiene regulations, and as a result of their efforts some 43 contraventions of the regulations were remedied. There can be little doubt that their efforts have contributed to the towns freedom from food poisoning incidents.

The refuse collection service continued to provide the excellent and reliable service to which the town has now become accustomed, and has been able as a result of the introduction of the paper sack system to absorb the additional load due to new building without any increase in staff or reduction in frequency of collection.

I am indebted to Mr. Kirk for the details of work carried out by himself and Mr. French a summary of which occupies the latter pages of this report, and which I commend to your notice.

I am,

Your obedient servant,



Medical Officer of Health.

VITAL STATISTICS

	<u>1968</u>	<u>1969</u>	<u>1970</u>
Mid-year population	6,610	6,720	7,010
Live births	102	128	134
Stillbirths	4	2	1
Infant deaths under 4 weeks of age	1	3	1
Total Deaths	86	78	83

Live births
Stillbirths
Infant deaths under 1 year
Infant deaths under 4 weeks
Infant deaths under 1 week

Legitimate			Illegitimate			TOTAL
Male	Female	Total	Male	Female	Total	
63	65	128	5	1	6	134
-	1	1	-	-	-	1
1	1	2	1	-	1	3
-	1	1	-	-	-	1
-	1	1	-	-	-	1

	<u>1969</u>	<u>1970</u>	<u>England and Wales</u> <u>1970</u>
Crude Birth Rate	19.0	19.1	16.0
Corrected Birth Rate *	20.3	20.4	(16.0)
Stillbirth Rate	15.0	7.0	13.0
Infant Mortality Rate	31.0	15.0	18.0
Legitimate Infant Mortality Rate	25.0	8.0	17.0
Illegitimate Infant Mortality Rate	100.0	167.0	26.0
Neonatal Mortality Rate	23.0	7.0	12.0
Early Neonatal Mortality Rate	23.0	7.0	11.0
Perinatal Mortality Rate	38.0	15.0	23.0
Illegitimacy Rate	8.0	4.0	8.0
Crude Death Rate	11.6	11.8	11.7
Corrected Death Rate *	10.3	10.5	(11.7)

* These corrections take account of the different proportions of old and young people in the area, and make the resulting rate comparable with that for England and Wales. Thus, a resort to which old people retire would have a high crude rate, but low comparability factor would correct the false impression that this was an unhealthy area. The comparability factor for births in this district is 1.07 and for deaths .89.

Causes of death in the District during the year 1970

(Registrar General's Figures)

Causes of Death	0-	1-	15-	25-	45-	65+	Total	
							M	F
Enteritis and other Diarrhoeal Dis.	1	-	-	-	-	-	1	-
Malignant Neoplasm, Stomach	-	-	-	-	1	1	2	-
Malignant Neoplasm, Intestine	-	-	-	-	-	1	1	-
Malignant Neoplasm, Lung, Bronchus	-	-	-	1	2	1	3	1
Malignant Neoplasm, Uterus	-	-	-	-	2	-	-	2
Other Malignant Neoplasms	-	-	-	-	-	2	-	2
Diabetes Mellitus	-	-	-	-	-	3	2	1
Other Diseases of Nervous System	-	-	-	-	-	2	-	2
Chronic Rheumatic Heart Disease	-	-	-	-	1	1	1	1
Hypertensive Disease	-	-	-	-	-	1	-	1
Ischaemic Heart Disease	-	-	-	1	3	22	14	12
Other Forms of Heart Disease	-	-	-	-	1	5	2	4
Cerebrovascular Disease	-	-	-	-	4	9	6	7
Other Diseases of Circulatory System	-	-	-	-	1	3	2	2
Influenza	-	-	-	-	-	2	1	1
Pneumonia	-	-	-	-	1	-	1	-
Bronchitis and Emphysema	-	-	-	-	-	3	3	-
Other Diseases of Respiratory System	-	-	-	-	-	1	1	-
Other Diseases of Digestive System	-	-	-	-	-	1	1	-
Hyperplasia of Prostate	-	-	-	-	-	1	1	-
Other Diseases, Genito-Urinary System	-	-	-	-	1	-	1	-
Congenital Anomalies	1	-	-	-	-	-	-	1
Symptoms and ill defined conditions	-	-	-	-	-	1	-	1
Motor Vehicle Accidents	-	-	1	-	-	-	-	1
All Other Accidents	-	-	-	-	-	1	1	-
Total:	2	-	1	2	17	61	44	39

CAUSES OF DEATH AT VARIOUS PERIODS OF LIFE

(Locally compiled statistics)

Causes of Death	Age in years				Total
	0-1	1-14	15-49	50+	
<u>Infectious Diseases</u>					
Tuberculosis, respiratory	-	-	-	-	-
Tuberculosis, other	-	-	-	-	-
Syphilitic Disease	-	-	-	-	-
Diphtheria	-	-	-	-	-
Whooping Cough	-	-	-	-	-
Meningococcal infection	-	-	-	-	-
Acute Poliomyelitis	-	-	-	-	-
Measles	-	-	-	-	-
Other infective and parasitic diseases	-	-	-	-	-
<u>The Cancers</u>					
Stomach	-	-	-	1	1
Lung and Bronchus	-	-	1	3	4
Breast	-	-	-	-	-
Uterus	-	-	1	1	2
Other	-	-	-	4	4
Leukaemia, Aleukaemia	-	-	-	-	-
Diabetes	-	-	-	-	-
<u>Cardiovascular Diseases</u>					
Vascular lesions of the C.N.S.	-	-	-	18	18
Coronary disease, Angina	-	-	1	21	22
Hypertension with heart disease	-	-	-	1	1
Other Heart Disease	-	-	-	10	10
Other Circulatory Disease	-	-	-	3	3
<u>Respiratory Diseases</u>					
Influenza	-	-	-	-	-
Pneumonia	-	-	-	2	2
Bronchitis	-	-	-	6	6
Other	-	-	-	1	1
Ulcer of the Stomach and Duodenum	-	-	-	-	-
Gastritis, Enteritis and Diarrhoea	1	-	-	-	1
Nephritis and Nephrosis	-	-	-	1	1
Hyperplasia of Prostate	-	-	-	1	1
Pregnancy, childbirth and Abortion	-	-	-	-	-
Congenital Malformation	1	-	-	-	1
Other diseases	-	-	-	1	1
Motor Vehicle Accidents	-	-	1	-	1
All other accidents	-	-	-	1	1
Suicide	-	-	-	-	-
Homicide	-	-	-	-	-
Total:	2	-	4	75	81

NOTIFICATION OF INFECTIOUS AND OTHER DISEASES

BY AGE GROUPS

DISEASES	0+	1+	2+	3+	4+	5+	10+	15+	N.K.	TOTAL
Measles	1	1	4	3	1	37	-	-	2	49
Infective Jaundice	1	-	-	-	1	-	-	1	-	3
Encephalitis	-	-	-	-	-	1	-	-	-	1
Scarlet Fever	-	-	-	-	-	-	-	1	-	1
Whooping Cough	1	-	-	-	-	-	-	-	-	1
TOTAL:	3	1	4	3	2	38	-	2	2	55

WATER

(a) Bacteriological Examination

Barton-on-Humber Bore

Presumptive Coli Count	"Raw Water"	Chlorinated Water
Less than 1 per 100 ml.	66	94
1 to 2 per 100 ml.	0	1
3 to 10 per 100 ml.	0	0
More than 10 per 100 ml. or E. coli type 1 present	1	0
Total:	67	95

(b) Chemical Analyses

Barton-on-Humber Bore

	<u>Raw Water</u>	<u>Treated Water</u>
Appearance	Clear	Clear
Colour	Colourless	Colourless
Taste	Normal	Normal
Smell	None	None

General Chemical Examination

		<u>Parts per Million</u>
Reaction, pH Value	7.3	7.3
Free Carbon Dioxide as CO ₂	10.0	10.0
Ammoniacal Nitrogen as N ²	0.048	0.040
Albuminoid Nitrogen as N	0.080	0.088
Nitrous Nitrogen as N	none	none
Nitric Nitrogen as N	7.45	6.96
Poisonous Metals (Lead)		less than 0.04
Hardness (calculated from mineral analysis) as CaCO ₃	345.7	285.8
Temporary	205.1	195.1
Permanent	140.6	90.7
Permanganate Figure (4 hours at 80°F) as O	0.24	0.20
Alkalinity as CaCO ₃	205.1	195.1

Mineral Analysis

Silica as SiO ₂	2.00	2.00
Alumina	0.19	0.13
Iron Oxide	0.19	0.50
Calcium as Ca	130.09	99.79
Magnesium as Mg	5.05	8.88
Sodium as Na	25.25	50.15
Carbonates as CO ₃	123.00	117.00
Chlorides as Cl ³	47.00	50.00
Sulphates as SO ₄	98.43	99.09
Fluorine as F by the distillation method	---	1.01
Manganese as Mn	none	none
Nitrates as NO ₃	32.98	30.81

Probable composition of Mineral constituents

Silica	2.00	2.00
Alumina	0.19	0.13
Iron Oxide	0.19	0.50
Calcium Carbonate	205.14	195.13
Calcium Sulphate	139.49	73.55
Calcium Chloride	19.08	---
Magnesium Sulphate	---	42.95
Magnesium Chloride	19.78	---
Sodium Sulphate	---	19.42
Sodium Chloride	33.10	82.43
Sodium Nitrate	45.21	42.24
	<u>464.18</u>	<u>458.35</u>

GENERAL INFORMATION

Barton-on-Humber is a market town with a population of 6, 720. It is situated on the edge of the Lincolnshire Wolds, facing on to the Humber estuary. There are a number of small industries mostly established in the northern part of the town by the Humber bank. The town covers an area of 6,343 acres of land and inland water. The rateable value is £246,303 and the product of a penny rate is £972.

HEALTH SERVICES

A group of general practitioners operate from a central suite of surgeries in King Street, and a single practitioner is based in a surgery at the Oddfellows Hall.

The following clinics are held in premises provided by the Lindsey County Council at 50, Holydyke:-

School minor ailments clinic	Every Monday morning
Immunisation clinic	1st Monday afternoon in the month
Toddlers clinic	2nd and 4th Monday afternoons
Audiology clinic	3rd Monday afternoons
Cytology clinic	1st and 3rd Tuesday mornings
Infant Welfare clinic	Every Tuesday afternoon
Family Planning clinic *	2nd and 4th Tuesday evenings
Ophthalmic clinic (school children) ⁺	1st and 3rd Wednesday mornings
Chiropody clinic	Alternate Thursdays
Antenatal clinic ⁺	2nd and 4th Friday mornings

* Provided by the Family Planning Association

⁺ Provided by the Regional Hospital Board

The town is served by general and infectious disease hospitals at Grimsby and Scunthorpe, maternity hospitals and geriatric hospitals at Scunthorpe and Grimsby and by mental hospitals at Lincoln.

There is an ambulance station in Barton, but the ambulances are controlled from Scunthorpe. The Health Visitors are based on the Holydyke Clinic (Tel: Barton 32454). The Midwives and District Nurses can be contacted by the use of an automatic answering machine (Tel: Barton 32671) which is installed at the Clinic. Social Services are provided through an area office at St. Hugh's Avenue, Cleethorpes. Tel: Cleethorpes 61248.

Council Offices,
Baysgarth House,
Barton-upon-Humber.

August, 1971.

Mr. Chairman, Ladies & Gentlemen,

During 1970, 42 houses were made fit for human habitation or had defects remedied either by formal or informal action, 4 houses were made subject to Closing Orders and 1 to a Demolition Order. Applications for 39 improvement and standard grants were approved, an increase of 11 on the previous year's total.

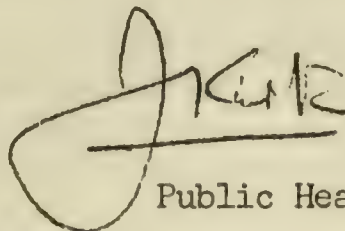
All food premises were again inspected and 44 defects were remedied. A 100% meat inspection service was maintained as usual.

Although 139 new houses were built during the year it was found possible to reduce the number of men employed on refuse collection from 5 to 4 and maintain the weekly clearance of the town's refuse for the 12th. year in succession. This was mainly due to the progressive changeover to paper refuse sacks which provide a more efficient means of collection and the reduction in labour costs paid for 55,000 paper sacks, almost half of the total now being purchased each year.

The task of keeping the Dam Road tip tidy increased and multiplied during the year as the public were made aware of their right to take refuse to the tip for disposal. Nearly 20 cars were left by their owners during the year and, in spite of notices asking people to take refuse to the tip face, heaps of rubbish were left at the tip entrance or in the dyke every weekend and on most evenings.

This resulted in overtime being worked by the attendant and a substantial increase in the hire of earthmoving equipment. By the end of 1970 it was already becoming clear that consideration should be given to the purchase of a digger/loader by the Council as a means of providing a better refuse disposal service more economically.

In conclusion, I wish to pay tribute to Mr. French for his unstinted help throughout the year, which frequently extends beyond normal working hours, and to Mrs. Cox and Mrs. Robertson for the efficient discharge of their duties and unfailing courtesy to members of the public.



Public Health Inspector.

HOUSING

The statistical details relating to dwelling-houses are as follows:-

TOTAL NUMBER OF NEW HOUSES ERECTED DURING THE YEAR:

(a)	By the Local Authority	101
(b)	By other Local Authorities	2
(c)	By other bodies or persons	36
(d)	Number allocated for replacing houses subject to Demolition Order	3

INSPECTION OF DWELLING-HOUSES DURING THE YEAR:

(i)	(a)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	78
	(b)	Number of inspections made for the purpose	200
(ii)		Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	5
(iii)		Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	41

REMEDY OF DEFECTS DURING THE YEAR WITHOUT THE SERVICE OF FORMAL NOTICE:

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	34
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ACTION UNDER STATUTORY POWERS DURING THE YEAR:

(i)	Proceedings under the Public Health Acts:-		
	(a)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	7
	(b)	Number of dwelling-houses in which defects were remedied after service of Formal Notices:-	
		By owners	3
		By Local Authority in default of owners	2
(ii)	Proceedings under Section 9 of the Housing Act, 1957.		
	(a)	Number of dwelling-houses in respect of which notices were served requiring repairs	2
	(b)	Number of dwelling-houses which were rendered fit after service of Formal Notices:-	
		By owners	3
		By Local Authority in default of owners	0

(iii) Proceedings under Sections 16 and 17 of the Housing Act, 1957.

(a) Number of dwelling-houses in respect of which Demolition Orders were made	1
(b) Number of dwelling-houses demolished in pursuance of Demolition Orders	2
(c) Number of dwelling-houses subject to undertaking or Closing Orders	4

(iv) Proceedings under Section 42 of the Housing Act, 1957.

(a) Number of Clearance Orders Made	0
(b) Number of dwelling-houses demolished in pursuance thereof	0
(c) Houses demolished or closed voluntarily by owners which would otherwise have been the subject of statutory action to secure Demolition or Closure	1

HOUSING ACTS, 1949-64:

Number of dwellings subject to grant.

(a) Standard Grant	0
(b) Discretionary Grant	0

HOUSING ACT, 1969:

Number of dwellings for which applications for grants have been made.

(a) Standard Grant	25
(b) Improvement Grant	14
(c) Special Grant	0

Number of dwellings subject to grant.

(a) Standard Grant	25
(b) Improvement Grant	14
(c) Special Grant	0

Number of houses owned by local authority which have been the subject of grant aid by the Ministry.

0

MOVEABLE DWELLINGS, TENTS, VANS ETC.

Caravan Sites and Control of Development Act, 1960

Number of site licences	5
Total number of caravans permitted under such licences	24
Number of inspections during the year: Sites	3
Caravans	0
Number of contraventions remedied	0
Number of sites exempt from licence	0
Number of holiday chalets	1

FOOD PREMISES

Bakehouses:

Number in the district	2
Number of inspections made	4
Number of contraventions found	2
Number of defects remedied	1

Ice Cream:

Number of manufacturers on register	Nil
Number of premises registered for sale of ice cream	19
Number of inspections of premises made	See "Other Food Premises".

Meat Products:

Number of premises registered for the manufacture of meat products	5
Number of inspections made	7
Number of contraventions found	3
Number of contraventions remedied	2

Other Food Premises:

Number of other food premises (i.e. excluding bakehouses, and premises registered for manufacture of ice cream and of meat products)	72
Number of inspections made	98
Number of contraventions found	30
Number of contraventions remedied	41

Slaughterhouses:

Number licensed (abbatoir type)	1
Number licensed (private)	Nil
Number operated by the local authority	Nil

UN SOUND FOOD:

CARCASES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE
OR IN PART

	Cattle excl. Cows	Cows	Calves	Sheep & Lambs	Pigs	Horses
Number killed (if known)	442	0	1	583	1475	0
Number inspected	442	0	1	583	1475	0
All diseases except Tuberculosis and Cysticerchi:						
Whole carcasses condemned	0	-	0	1	7	-
Carcasses of which some part or organ was condemned	139	-	0	36	199	-
Percentage of the number inspected affected with disease other than tuberculosis and cysticerchi	31.4	-	0	6.3	14	-
Tuberculosis only:						
Whole carcasses condemned	0	-	0	0	0	-
Carcasses of which some part or organ was condemned	0	-	0	0	33	-
Percentage of the number inspected affected with tuberculosis	0	-	0	0	2.2	-
Cysticerosis:						
Carcasses of which some part or organ was condemned	2	-	0	0	0	-
Carcasses submitted to treatment by refrigeration	1	-	0	0	0	-
Generalised and totally condemned	0	-	0	0	0	-

Method of disposal of condemned food:

Meat - Collected by Processor
from Slaughterhouse

Other Foods - Buried in Council's tip.

ADMINISTRATION OF THE FACTORIES ACT, 1961

Inspection for the purposes of provisions as to health

Premises	No. of Premises in Register	No. of Inspection	No. of Written Notices	No. of Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by local authorities.	-	-	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the local authority.	33	29	-	-
(iii) Other premises in which Section 7 is enforced by the local authority (excluding outworkers' premises).	1	1	-	-
Total:	34	30	-	-

Cases in which defects were found

Particulars	No. of Defects found	No. of Defects Remedied	No. of Defects Referred		No. of Defects in respect of which prosecutions were instituted.
			To H.M.I.	By H.M.I.	
Want of cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or Defective	4	7	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences (not inc. offences relating to outwork)	-	-	-	-	-
Total:	4	7	-	-	-

Outwork (Sections 110 and 111) - No outworkers were reported during the year

THE OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

The following information is in the form prescribed by the Department of Employment and Productivity.

Table A Registrations and General Inspections.

Class of Premises	No. of premises registered during the year.	Total No. of registered premises at end of year	No. of registered premises receiving a general inspection during the year
Offices	2	24	2
Retail shops	1	42	4
Wholesale shops, warehouses	0	0	0
Catering establishments open to the public, canteens.	0	3	0
Fuel storage depots	0	0	0
Totals:	3	69	6

Table B Number of visits of all kinds by inspectors to registered premises: 26

Table C Analysis of persons employed in registered premises by workplace:

Class of workplace	No. of persons employed
Offices	78
Retail shops	129
Wholesale departments, warehouses	0
Catering establishments open to the public	11
Canteens	0
Fuel storage depots	0
Total:	218
Total Males	64
Total Females	154

DRAINAGE AND SEWERAGE

Number of houses with privy vaults in the district	Nil
Number of houses with pail closets in the district	4
Number of houses with water closets in the district	2,690
Number of water closets substituted for pail closets	0

The Council does operate a pail closet emptying service

Cesspools and Septic Tanks:

Number of cesspools and septic tanks emptied, cleansed etc.	9
Number of cesspools and septic tanks abolished	1

WATER SUPPLIES

Number of houses with main supply in house (est.)	Population (est.)	Number of houses served by stand pipes (est.)
2648	7010	34

Number of houses supplied from private sources:	In house	11
	Not in house	1

At the year end only 5 private sources of supply serving 12 houses remained in use. All of these were either deep wells or bores and no shallow wells were in use in the district.

Bacteriological Examination of Water Samples - See page 12.

GENERAL

Knackers Yard:

Number licensed	1
Number of inspections made	1
Contraventions remedied	0

Disinfection and Disinfestation:

Rooms or premises disinfected:-	(a) Infectious disease other than tuberculosis	0
	(b) Tuberculosis	0
Number of premises subject to disinfestation		0

Refuse Collection and Disposal:

Number of premises from which refuse is collected	3,000 approx.
Frequency of collection	Weekly
Method of disposal	Controlled Tipping
Number of tips	1
Number of refuse collection vehicles	1

Details of Nuisances abated:

	After informal intimation	After statutory notice
Refuse	1	0
Foul ditches ponds and stagnant water	0	0
Drainage	22	1
Poultry and Animals	1	0
Total:	24	1

Dangerous
Premises
Miscell-
aneous
Nuisances

	After informal intimation	After statutory notice
	0	0
	0	0
	0	0

Note: Housing defects dealt with under the Public Health Act and nuisances relating to atmospheric pollution and rodent infestation dealt with under separate headings.

RATS AND MICE DESTRUCTION:

Number of rodent operatives employed	1 Part Time
Number of premises treated:-	
(a) Dwelling-houses	198
(b) Other premises	94
The service covers domestic, business and agricultural premises.	

ATMOSPHERIC POLLUTION:

Number of visits	1
Number of nuisances found	0
Number of nuisances abated	0

NOISE ABATEMENT:

Number of complaints	2
Number of nuisances found	1
Number of nuisances abated	1

SWIMMING POOLS AND PADDLING POOLS:

	<u>Swimming Pools</u>	<u>Paddling Pools</u>
Number in operation	1	1
Number fitted with continuous mechanical filtration and chlorination	1	1
Number of samples of water taken for bacteriological examination:-		
(a) Satisfactory	16	6
(b) Unsatisfactory	0	2

